61
Withdrawn

62
Addressing Food Security Challenges in Child Headed Households in Mossaka Town

P.G. Roger*, L.E. Fabrice, L.B. Aminata.
Association Coeur Africain, Mossaka Town, Republic of Congo

Background: Among the many ways HIV/AIDS has ravaged Mossaka town is that when breadwinners die from the disease, household responsibilities often shift from parents to children. One key household responsibility is the provision of food. In Mossaka town's current macroeconomic environment, Child-Headed Households (CHH) face a situation of extreme food insecurity. Food prices have risen beyond the reach of vulnerable groups such as CHH, and the public sector has failed to appreciate the importance of feeding these groups.
Objective: This poster will describe the experiences of the organizations in designing and implementing interventions that address the food insecurity of CHH. These interventions include Seed Vouchers and Fairs, Animal Fairs, drip irrigation, and the production of herbs and spices.
Methods/Results: Specific lessons learnt are that Seed Vouchers and Fairs and Animal Fairs are innovative ways of enabling farmers to choose their own inputs; herbs and spices can serve both as pesticides and as treatment for opportunistic infections; farmers prefer buying some agricultural inputs from informal traders; and drip irrigation releases time for households to do other activities. In addition, programming experience indicates that vulnerable children need to be provided food.
Recommendations: This paper recommends that the food security situation of CHH be tackled from both a short and long term perspective with a variety of interventions. These interventions should include Seed and Animal Vouchers and Fairs, supplementary school feeding, drip irrigation, informal seed marketing, and NGO-provide food aid to vulnerable communities. In addition, there should be more research into how herbs and spices can be used to treat opportunistic infections.

63
Epstein-Barr Virus-selective Immuno-deficiency in HIV-infected Individuals Developing Primary Central Nervous System Lymphoma

O. Gasser, F.K. Bihl, E. Loggi, I. Steffen, H.H. Hirsch, H.F. Günthard, B.D. Walker, C. Brander, M. Battegay, C. Hess*. *University Hospital Basel, CH-4031 Basel, Switzerland*

Background: Antiretroviral therapy can induce impressive immune-reconstitution (IR) in individuals with chronic HIV-infection, resulting in a decreased incidence of opportunistic diseases. CD4+T cells >500/μL are a surrogate of successful IR. Pathogen-selective CD4+T cell deficiency may explain the occurrence of PCNS-lymphoma despite successful IR.
Methods: Immunity in progressors to lymphoma (n = 7) was compared to non-progressors matched for age, sex, HIV risk-factor, time of documented HIV-infection, CD4+ and CD8+T cell counts and HIV viral-loads (n = 7). 3/7 progressors to lymphoma had CD4+T cell counts of >500/μL for >2 years prior to diagnosis of lymphoma. EBV-specific T cell immunity was assessed via IFNγ production in ELISpot analyses. EBV viral-loads and anti-viral antibody levels were quantified using PCR and ELISA assays, respectively.
Results: EBV-specific CD4+T cell-mediated IFNγ production, repeatedly assayed 0.5–4.7 years prior to diagnosis of lymphoma, was detected in 1/36 (2.8%) vs. 26/49 (53%) assessments in case vs. control-subjects ($P < 0.001$). Also, progressors to PCNS-lymphoma had significantly weaker latent epitope specific CD8+T cell responses than control-subjects ($P = 0.003$). EBV lytic-antigen specific CD8+T cell responses, EBV and CMV viral-loads and antibody levels, and CMV-specific CD4+ and CD8+T cell responses were similar among cases and controls.
Conclusions: An EBV-selective CD4+T cell deficiency persisted irrespective of absolute CD4+T cell counts in HIV-infected individuals progressing to PCNS-lymphoma. Lack of EBV-specific CD4+T cells was associated with EBV latent cycle-selective CD8+T cell-deficiency. Absence of CD4+T cell effector function and/or help for EBV specific CD8+T cells may provide an immunological basis for development of PCNS-lymphoma in HIV-infected individuals.